

long-term preventive care which decrease the costs of care over time.

Investments in health information technology will also lower costs while increasing quality and efficiency.

Mr. Speaker, instituting meaningful systemic reforms will require a fundamental shift in how we view employer-provided coverage and health care delivery. While it is critical that businesses maintain a role, I believe it is essential that we change our perspective of health insurance as a privilege or benefit tied to employment. Instead, we must look at it as a right and a responsibility to be shared by the community. Individuals and employers, health care providers and the government, all have key roles to play in reaching a truly inclusive and efficient health care model.

The unsettling truth is that society already pays for the uninsured. Some think that there is no cost associated with the uninsured. That is completely not true. Society already pays for the uninsured, but it does so at tremendous cost and with staggering inefficiencies. Individuals without health insurance are most often forced to seek care from doctors and hospital emergency rooms only after their illnesses reach catastrophic levels, drastically increasing the risk of complications and the cost of treatment.

Our most recent estimates place total uninsured medical expenses at nearly \$125 billion a year. That is staggering. Approximately \$41 billion of this total comes in the form of uncompensated care which is predominantly borne by the government and financed by the taxpayer. Beyond this, the cost is also reflected in the form of higher health insurance premiums that everyone pays. This cost is only compounded by the lost income due to reduced employment and job productivity. However, Mr. Speaker, the most disturbing costs are not the monetary costs in nature, but the immeasurable price that we pay in human lives each year as a result of inequitable, inadequate care.

A recently released analysis estimated that 22,000 deaths nationwide occurred last year resulting from adults not having health insurance, averaging one death every 24 minutes. This is simply an unacceptable price to pay for delaying necessary reforms to our health care system, and we need to change it.

The challenges we face in fixing our ailing health care system are great. However, the costs of inaction are even greater.

Mr. Speaker, the time has come for policymakers at all levels and across the ideological spectrum to take action toward developing a health care system that really works for our Nation, one that offers Americans choice, calls for shared responsibility, and is affordable to all.

□ 2015

I believe our proposal introduces a practical model for universal health

care while leaving room for further discussion on this very complex issue. And, Mr. Speaker, I believe this is not a Democratic or a Republican issue. It's not a conservative or a liberal issue. It's an issue that matters most to the American people.

And on that note, I am pleased to yield this evening to the gentleman from Connecticut, my partner in this bipartisan universal health care bill and this effort to finally, once and for all, solve our Nation's health care crisis, the gentleman from Connecticut, Mr. CHRIS SHAYS.

Mr. SHAYS. I thank the gentleman for yielding and I appreciate his launching this bill.

Let me say, first and foremost, that you have worked on this legislation for over 4 years, and you have done what many of us in Congress said we wanted to do. We said we wanted Americans to have the same health care that Members of Congress have. And that's what I said, the same health care that Federal employees have, because that's the program that Members of Congress are a part of. It's a program that in my State, and in most States, we have, like, 18 different choices.

And so what I'd like to do, I'd like to start out, if you wouldn't mind putting the American health benefit guiding principles back up on the chart there, because I think that's a good way to start out.

And, again, let me say, Congressman LANGEVIN, it's a privilege to work with you. You have done incredible work to bring forward a plan that Congress can consider seriously. And what you've done is what all of us said we wanted to do, and you've given me the privilege of not having to write it, but I got to edit it. And that's a lot of fun.

So this is a partnership, and what a great partnership, to be able to first argue, as you have, that chart in front of you, universal coverage. So there's 85 percent of the Americans have coverage and 15 percent don't. 90 percent have it in Connecticut. But there are about 45 million Americans that don't have health coverage.

What that does, as you've pointed out so well, it means that you have a distortion in the marketplace because those 45 million are going to get covered when they are really sick in a hospital, and it's going to be the uncompensated care.

So you've written a bill that says, universal coverage. You've written a bill that says, Americans will have choice, which is really important to me. You've written a bill that said there'll be shared responsibility, that individuals, employers, the government, hospitals, insurers, all have a responsibility. That's what you've done.

You and I are seeking to have this be affordable, so we are going to talk about a commission that we've established that would be established under this bill.

But you want it to be portable. You want it to be that if an employee

moves somewhere else they're going to have that same coverage. And if the employee wants to upgrade, they can upgrade every year, or reduce it, because Federal employees pay 28 percent of the cost. The government pays the employer, in this case, 72 percent. So 28 and 72 on the part of the government.

The continuity concept, that if employers have worked out a really good program with their employees then they can keep it. But eventually I think they will ultimately want to be part of the American health benefit plan.

And I particularly like the aspect that no insurer is going to be allowed to participate unless they have a strong preventative care program. And we can get into that.

And then the health care re-investment. Insurers take 20 percent out and 80 percent goes to health care. The way you've drafted the bill, and we are promoting this bill, there's going to be, our expectation, and this is our goal, is that 90 percent be reinvested into health care.

Now, it's pretty amazing when you look at the differences in cost. And maybe you want to comment on this. You have a pretty good view of it.

But we're looking at statistics in 2004. And you can see that the Gross Domestic Product in the United States, in 2004, was 15 percent. And yet, it was 11 percent, and in 1980 it was 8.8. But the significant thing is Canada's is at 10, just slightly under 10, where ours is at 15. The United Kingdom is at 8 percent of Gross Domestic Product. Japan is at 8. And Germany slightly over 10. There's a big difference in the cost here compared to our cost. I have a sense that part of that is just the uncompensated care, and that's, you know, we've had information that says that. But I think this is one that just gets you to have to wake up.

If we do nothing, if we do nothing, we are going to be spending, by the year 2016, it's estimated, over \$4 trillion a year in health care. And it still means that a good number of Americans don't get the coverage.

So we have to do something. And let me just make this last point, and then I know that you'll have things that you want to say as well.

But our bill, the bill that you wrote, and the bill that I'm now a part of, is going to give Americans choice. And there are going to be some other bills presented. There's a bill that says you have a single payer system. There's another bill that says the individual pays and not the employer in a tax to, and as you've designed the bill, pays into a tax, in which we have 300 million people in one pool. So you don't have this problem of a single employer.

But, no, I just want to make this point before yielding back. The point I want to make is that we all know we're going to get to universal coverage. And the question is not if, but when.

The other question is what is it going to look like? We have the perfect